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EDITORIAL

WHOLE PERSON CARE AND INTEGRATIVE MEDICINE: SIMILARITIES AND DIFFERENCES

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Our McGill Programs in Whole Person Care (WPC) mission is: “To transform western medicine by synergizing the power of modern biomedicine with the potential for healing of every person who seeks the help of a healthcare practitioner. We plan to achieve this objective by serving as champions for whole person care at McGill and in the wider community through our teaching, research and translation of knowledge.

Traditionally, the existential and spiritual aspects of illness and their relationship to health care outcomes have received limited attention within the educational and research environment of North America. In recognition of this fact, the McGill Programs in Integrated Whole Person Care were instituted in February 1999 on the initiative of Dean Abraham Fuks and Dr. Balfour Mount. The initial proposal to develop and to implement the Programs established the need for further research studies and educational programs that address the subjective experience of illness so as to include the spiritual and/or existential components of personhood, as well as the physical and emotional elements that are currently the focus of attention in the medical profession.

The McGill Programs in Whole Person Care are based on the premise that in situations in which treatment is unable to change the disease outcome, it may be possible to create a space in which healing can occur. Lessons about quality of life and individuation, learned in the arena of advanced illness, also have relevance earlier in the disease trajectory and for those who are physically well. While the existential/spiritual domain is known to be an important determinant of quality of life, there has been

little emphasis on integration of these issues in health care. The Programs therefore seeks to integrate the physical aspects of personhood along with the psychosocial and existential/spiritual ones, and to better understand how to respond to suffering experienced by the whole person.”

How is WPC similar and different from Integrative Medicine (IM)? [1]

“Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

There are up to 70 academic centres mostly in the United States, a few in Canada, and one in Mexico listed on the Academic Consortium for Integrative Medicine and Health website [2]. Kligler et al. [3] published a paper in 2004 entitled, “Core Competencies in Integrative Medicine for Medical School Curricula: A Proposal”. The authors state, “Integrative medicine is as important as medical anthropology and medical ethics in providing conceptual frameworks for a cultural competence curriculum that promotes cultural tolerance, respect, and humility.”

At first glance, there are many similarities (e.g. inclusion of existential/spiritual aspects of illness and health, emphasis on the person/patient's values). Yet, when you examine what practitioners *do* and *what* they study, you begin to understand why there is considerable resistance to the IM movement. Even though both focus on the whole person, value the clinician-patient relationship, and aim to promote healing, the inclusion of “other” methods, such as acupuncture, use of herbs and supplements, stops some from endorsing it.

The Canadian Institute of Natural and Integrative Medicine (CINIM) is a registered charitable organization that conducts scientific research in complementary/alternative medicine (CAM). Projects are funded through private donations and project grants from public funding organizations. CINIM is the first Canadian institution to be involved with the United States Consortium of Academic Health Centres for Integrative Medicine. Partnering with the Faculties of Medicine and Nursing, the Calgary Health Region, and the Integrative Medicine Institute, CINIM is helping to fulfill the consortium's mission to facilitate the transformation of health care.

Yet, notice the emphasis on CAM. This presents not only a difference from WPC but also a stumbling block for some clinicians in conventional Western medical schools and treatment centres. “Where is the evidence?” many ask. Dr. Barrett wrote a seething commentary on the Quackwatch website [4] starting with classifying alternative methods as follows:

- *Genuine* alternatives are comparable methods that have met science-based criteria for safety and effectiveness.
- *Experimental* alternatives are unproven but have a plausible rationale and are undergoing responsible investigation. The most noteworthy is use of a 10%-fat diet for treating coronary heart disease.
- *Questionable* alternatives are groundless and lack a scientifically plausible rationale. The archetype is homeopathy, which claims that “remedies” so dilute that they contain no active ingredient can exert powerful therapeutic effects.

Dr. Relman, a former editor of the New England Journal of Medicine, expressed similar reservations about IM [5]. He wrote: “There are not two kinds of medicine, one conventional and the other unconventional, that can be practiced jointly in a new kind of “integrative medicine.” Nor, as Andrew Weil and his friends also would have us believe, are there two kinds of thinking, or two ways to find out which treatments work and which do not. In the best kind of medical practice, all proposed treatments must be tested objectively. In the end, there will only be treatments that pass that test and those that do not, those that are proven worthwhile and those that are not.”

Clearly, IM rings false for many and sounds an alarm for others. I noticed this when I facilitated a workshop on Physician Wellbeing at the McGill University Health Centre. We are pilot testing the University of Arizona Center for IM's 4.5-hour online program – following it up with a 3-hour workshop allowing for peer discussions and group practices. One handout (for patients and physicians) called “Integrative Self-Care” that I thought summarized the online course well in one-page, provoked ire in some physicians because a few of the many examples (e.g. use of aromatherapy, applying an herbal compress) lacked evidence. Rather than notice that most suggestions were supported scientifically (e.g. consistent sleep, engaging in regular exercise, eating whole non-processed foods, etc.), they reacted to those that are admittedly marginal.

It is important to note that very few patients reject conventional Western medicine to opt for alternative therapies. Rather, they also use complementary approaches, such as massage, meditation, advice from a nutritionist and so on. In fact, the widespread public use of services offered by other clinicians (e.g. chiropractors, osteopaths) influenced not only the expansion of IM, but the inception of the National Center for CAM in the United States – a funding agency with the goal to examine the evidence for these methods. Its mission is to fund CAM research, train CAM researchers, and disseminate authoritative information to the public and professionals. Interestingly, it recently changed its name to, the National Center for Complementary and Integrative Health, dropping the term “alternative.”

Given the fact that conventional Western medicine cannot cure many illnesses, researchers have attempted to sort through the approaches used by patients in search of support. For example, Lin et al. [6] examined using IM in pain management. They searched the literature and found weak, albeit positive, evidence for yoga, relaxation techniques (e.g. progressive muscle relaxation), tai chi, massage and manipulation (e.g. chiropractic, osteopathic) – with the strength of the evidence varying across types of pain (e.g. low back, tension headaches, arthritis, fibromyalgia, etc.) and types of therapies. Strong positive evidence was found for acupuncture which resulted in a decrease in opioid medication use. As for IM in oncology there has been an increase in cancer centers providing “comprehensive care” by offering or including on their website information on: exercise, acupuncture, meditation, yoga, massage therapy and music therapy as well as material on nutrition, dietary supplements and herbs [7]. Reportedly, there is widespread use of these modalities by cancer survivors for wellness, pain management, and improving immune functions.

Clearly, for some IM moves too far into uncharted territory for comfort. The concept of WPC, that does not include CAM, seems to be more readily accepted. WPC emphasizes *how* clinicians work and *who* they are as people, while evaluating and treating patients, across specialities (e.g. family medicine, palliative care, internal medicine, etc.) with the intention to cure when possible and care for all patients who seek their services. ■

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